

PRE-LICENSE COURSE APPROVAL APPLICATION

RE 306 (Rev. 8/14)

CalBRE USE ONLY

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GENERAL INFORMATION

- Use this application to apply for course approval to offer pre-license real estate courses to students who want to qualify for the California state Salesperson and/or Broker examinations.
- Read the Pre-License Course Approval Application Instructions (RE 303) and Regulation Excerpts (RE 307) before completing this application.
- Please type or print clearly in ink.
- Please submit any documentation or information demonstrating that the curriculum is equivalent in quality to real estate courses offered by colleges and universities accredited by the Western Association of Schools and Colleges, Accrediting Commission as recognized by the United States Department of Education.
- Private vocational schools may require approval by the California Bureau for Private Postsecondary Education.
- **Fee — \$150** (non-refundable)
- **Acceptable payment methods:** Cashiers' check, money order, check or credit card
 - Make check or money order payable to:
Bureau of Real Estate
 - If paying by credit card, submit a completed Credit Card Payment (RE 909) form.
- **Mail or hand deliver the application, attachments, and the proper fee to:**
Bureau of Real Estate
Attn: Education Section
1651 Exposition Boulevard, P.O. Box 137009
Sacramento, CA 95813-7009
- If you have any questions, please call (916) 263-8703.

SCHOOL INFORMATION

1. NAME OF APPLICANT SCHOOL

2. OTHER NAMES USED BY THE SCHOOL (IF ANY)

3. BUSINESS TELEPHONE NUMBER

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4. SCHOOL'S CLASSROOM FACILITY ADDRESS — STREET ADDRESS, CITY, STATE, ZIP CODE

5. SCHOOL'S MAILING ADDRESS — STREET ADDRESS, CITY, STATE, ZIP CODE

5A. PRIMARY CONTACT'S EMAIL ADDRESS

6. IS THE SCHOOL APPROVED BY THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION?

☐ YES ☐ NO ☐ EXEMPT, IF EXEMPT PLEASE EXPLAIN: _____

7. TYPE OF OWNERSHIP

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ OTHER

8. IS THE INDIVIDUAL OR SCHOOL USING A DBA OR FICTITIOUS BUSINESS NAME?

☐ YES ☐ NO PRINT NAME OF DBA AND ATTACH COPY OF FILED FBNS: _____

COURSE SUMMARY

1. COURSE TITLE

WHAT LANGUAGE WILL BE USED TO TEACH THE COURSE?

2. COURSE INFORMATION

LENGTH OF COURSE - TOTAL NUMBER OF INSTRUCTION HOURS (Minimum 45 hours required): _____

TYPE OF INSTRUCTION (CHECK ONE)

☐ LIVE RESIDENT LECTURE

☐ CORRESPONDENCE/INDEPENDENT STUDY

WILL THIS COURSE BE OFFERED ONLINE? ☐ YES ☐ NO

IF YES, CHECK APPROPRIATE BOX

☐ ENTIRE COURSE AND FINAL EXAM

☐ COURSE ONLY

☐ FINAL EXAM ONLY

COURSE SUMMARY (Continued)3. **PUBLICATIONS TO BE USED IN THE COURSE.** (LIST TEXTBOOKS, INSTRUCTOR GUIDES, WORKBOOKS, ETC.)

<i>Publication Title</i>	<i>Author</i>	<i>Date of Publication</i>	<i>Edition</i>

4. NUMBER OF QUESTIONS ON FINAL EXAM

MINIMUM PASSING SCORE

EXAM WILL BE ADMINISTERED AS

☐ OPEN BOOK☐ CLOSED BOOK5. EXPLAIN YOUR PROCEDURES TO PROVIDE THE "GENERAL INFORMATION PAGE" TO STUDENTS **PRIOR** TO REGISTRATION/ENROLLMENT.

6. EXPLAIN HOW AND WHEN STUDENTS WILL BE INFORMED OF THE AVAILABILITY OF THE ON-LINE COURSE AND INSTRUCTOR EVALUATION LOCATED ON THE CalBRE WEB SITE.

CERTIFICATION

I consent to inspection by authorized representatives of the Bureau of Real Estate and agree to report any changes in the information submitted. Records will be retained for all students who enrolled and completed subject course. I also understand that the simultaneous instruction of two or more students in one of the courses enumerated in Section 10153.2, 10153.4 or 10153.5 of the Business and Professions (B&P) Code constitutes a private vocational school as that term is used in Section 10153.2 of the B&P Code. This activity may also require the applicants to obtain approval from the Bureau Private Postsecondary Education.

I certify that I have read and understand the information and requirements contained in this application and all statements I have made herein are true and correct.

SIGNATURE OF OWNER OR AUTHORIZED SCHOOL OFFICIAL

DATE



PRINTED NAME OF SCHOOL OWNER (FIRST, MIDDLE, LAST)

☐ N/A

TITLE

CalBRE LICENSE NUMBER (IF LICENSED)

OWNER'S BUSINESS ADDRESS - STREET ADDRESS, CITY, STATE, ZIP CODE

SIGNATURE OF PRIMARY CONTACT

DATE

PRINTED NAME OF PRIMARY CONTACT (FIRST, MIDDLE, LAST)

TITLE

CalBRE LICENSE NUMBER (IF LICENSED)